



Instructions:
**General Partnership
Statement of Partnership
Authority**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the statement of partnership authority must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$35**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 4. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 5. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 6. **SIGNATURES:** The application requires the signature of two partners.
- ☐ 7. **DURATION OF THE FILING:** Unless earlier canceled, a filed statement of partnership authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the secretary of state.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

General Partnership Statement
of Partnership Authority

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Above space is for office use only.



INSTRUCTIONS: All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.

1. Name of the partnership:**2. Principal office address:**

Street Address

City

State

Zip

Country

3. Mailing address:

This address will be used to send official mail from the Secretary of State's office

Attention Name

Address

City

Kansas
State

Zip

Country

4. Address of the partnership's office in the state of Kansas, if one exists:

Street Address

City

State

Zip

5. Name and mailing address of each general partner:

Do not leave blank

If additional space is needed please provide an attachment

OR**Name of an agent appointed by the partnership:**

1)

Name

Mailing address

City

State

Zip

Country

2)

Name

Mailing address

City

State

Zip

Country

3)

Name

Mailing address

City

State

Zip

Country

Name

Mailing address

City

State

Zip

Country

6. The name(s) of the partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:	
7. The authority or limitations on authority of some or all partners to enter into transactions on behalf of the partnership: <i>Optional</i>	

8. We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and we have remitted the required fee.

_____ <i>Signature of partner</i>	_____ <i>Date (month, day, year)</i>
_____ <i>Signature of partner</i>	_____ <i>Date (month, day, year)</i>